Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Parti		t identification information	4		10.4 10.0.4.4				
For calend	ar plan year 2014 or t	fiscal plan year beginning 01/01/201			/31/2014				
A - Th		X a single-employer plan		lan (not multiemployer)					
A This re	turn/report is for:		of participating employer information in accordance with the form instruc						
_		a one-participant plan	☐ a foreign plan ☐ the final return/report						
B This ret	urn/report is	the first return/report							
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	ogram			
		special extension (enter descrip	tion)						
Part II	Basic Plan Info	ormation—enter all requested infor	rmation						
1a Name		onto an requested into	madon		1b Three-digit				
	FMANN, MD PROFIT	SHARING PLAN			plan numbe (PN) ▶	or 001			
					1c Effective da	te of plan 1/01/2013			
2a Plan s	nonsor's name and a	ddress; include room or suite number	(employer if for a single-	employer plan)		entification Number			
MARK KAUF	FMANN, MD	duress, include room or suite number	(employer, ii for a single-	employer plan)		3-3805020			
						elephone number			
21 EAST 90	TH ST.					2-427-4000			
NEW YORK	, NY 10128				2d Business co	de (see instructions)			
					621111				
3a Plan a	idministrator's name a	and address Same as Plan Sponso	r.		3b Administrate	or's EIN			
					3c Administrato	or's telephone number			
					7 dammonate	n o tolophono nambol			
		ne plan sponsor has changed since th	e last return/report filed for	or this plan, enter the	4b EIN				
	e, EIN, and the plan nu sor's name	umber from the last return/report.			4c PN				
		s at the beginning of the plan year							
_		0 0 1 7				3			
		s at the end of the plan year			5b	3			
		account balances as of the end of the			5c	3			
	,	articipants at the beginning of the plar			5d(1)	2			
	·					3			
		articipants at the end of the plan year.			5d(2)	3			
		terminated employment during the pla	,		5e	0			
		or incomplete filing of this return/r			use is established				
Under pen	alties of perjury and o	ther penalties set forth in the instruction	ons, I declare that I have	examined this return/rep	port, including, if ap	plicable, a Schedule			
	edule MB completed a true, correct, and com	and signed by an enrolled actuary, as	well as the electronic ver	sion of this return/report	t, and to the best of	my knowledge and			
SIGN		d/valid electronic signature.	08/05/2015	MARK KAUFMANN					
HERE						a day to tatua tan			
	Signature of plan	administrator	Date	Enter name of individ	uai signing as pian	administrator			
SIGN HERE									
		oyer/plan sponsor	Date	Enter name of individ					
Preparer's		name, if applicable) and address (incl	luae room or suite numbe	r) (optional)	·	one number (optional)			
	SION CONSULTANT	S			845	-354-8373			
58 MARINE MONSEY, I									
IVIOINGE I,	N1 10302								

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public accounta	ınt (IQ	PA)		X Yes [] No
С	if the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No Not determined
Par	t III Financial Information	1	1				
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a	406	0			82281
	Total plan liabilities	7b	406				82281
	Net plan assets (subtract line 7b from line 7a)	7c		,,,,	+		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)	410)85			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
	Other income (loss)	8b	5	557			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					41642
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
	Net income (loss) (subtract line 8h from line 8c)	t income (loss) (subtract line 8h from line 8c)					41642
	Transfers to (from) the plan (see instructions)	8j		0			
9a b Part	If the plan provides pension benefits, enter the applicable pension 2E 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 3D						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)	iciary Cor	rection Program)	10a		X	
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		Χ	
С	Was the plan covered by a fidelity bond?			10c	X		25000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·				
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan year			12b			
С	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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1210-0089

2014

OMB Nos. 1210-0110

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Part I Annual Repo		accordance with the mou	ructions to the Form 5	500-SF.	
	ort Identification Information				
For calendar plan year 2014 of		01/01/2014	and ending	12/	31/2014
A This return/report is for:	x a single-employer plan	of participating emplo	lan (not multiemployer) yer information in accor	(Filers check dance with th	ing this box must attach a list e form instructions)
D ===	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year return	n/report (less than 12 m	ionths)	
C Check box if filling under:	Form 5558	automatic extension		DF	VC program
	special extension (enter desc				
	nformation—enter all requested in	nformation			
1a Name of plan Mark Kaufmann, MD	Profit Sharing Plan			1b Three plan n	umber 001
				1c Effecti	ive date of plan
2a Plan sponsor's name and Mark Kaufmann, MD	address; include room or suite numb	per (employer, if for a single-	employer plan)	1	yer Identification Number 13-3805020
21 East 90th St.				1	sor's telephone number
New York	NY 10128			2d Busine	ess code (see instructions)
3a Plan administrator's name	and address XSame as Plan Spon	SOF.		3b Admin	istrator's EIN
	the plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EIN	
a Sponsor's name	number from the last return/report.				
5a Total number of participar				4c PN	
	nts at the beginning of the plan year			4c PN 5a	3
b Total number of participar	nts at the beginning of the plan year nts at the end of the plan year				3
C Number of participants will complete this item)	nts at the end of the plan yearth account balances as of the end of	the plan year (defined benef	fit plans do not	5a	
Number of participants will complete this item)	nts at the end of the plan yearthat account balances as of the end of participants at the beginning of the pl	the plan year (defined bene lan year	fit plans do not	5a 5b	3
Number of participants will complete this item)	ith account balances as of the end of participants at the beginning of the plan participants at the end of the plan year	the plan year (defined bene lan year	fit plans do not	5a 5b 5c	3 3 3
Number of participants will complete this item)	nts at the end of the plan yearthat account balances as of the end of participants at the beginning of the pl	the plan year (defined bener lan yearar	fit plans do not	5a 5b 5c 5d(1)	3
c Number of participants will complete this item)	participants at the end of the plan year participants at the beginning of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the or incomplete filing of this return	the plan year (defined beneficial year	fit plans do not	5a 5b 5c 5d(1) 5d(2) 5e	3 3 3 0
C Number of participants will complete this item)	participants at the end of the plan year participants at the beginning of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of this return other penalties set forth in the instruction and signed by an enrolled actuary, applied.	the plan year (defined beneficial year	fit plans do not fits that were unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e se is establit	3 3 3 3 shed.
c Number of participants will complete this item)	participants at the end of the plan year participants at the beginning of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of this return other penalties set forth in the instruction and signed by an enrolled actuary, applied.	the plan year (defined beneficial year	fit plans do not fits that were unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e se is establit	3 3 3 3 shed.
C Number of participants will complete this item)	nts at the end of the plan year	the plan year (defined beneficial year	fit plans do not fits that were unless reasonable cau examined this return/report	5a 5b 5c 5d(1) 5d(2) 5e se is establishort, including and to the be	3 3 3 shed. , if applicable, a Schedule est of my knowledge and
c Number of participants will complete this item)	participants at the beginning of the plan year participants at the beginning of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the properties of the penalties set forth in the instruction and signed by an enrolled actuary, a propertie.	the plan year (defined beneficial year	fit plans do not fits that were Inless reasonable cau examined this return/report MARK KAUFMANN Enter name of individu	5a 5b 5c 5d(1) 5d(2) 5e se is establishment, including and to the bound and signing as	3 3 3 0 shed. , if applicable, a Schedule est of my knowledge and plan administrator
C Number of participants will complete this item)	nts at the end of the plan year	the plan year (defined beneficial plan year with accrued beneficial plan year with accrued beneficial plan year will be assessed uniferent will be assessed	fits that were Inless reasonable cau examined this return/report ion of this return/report MARK KAUFMANN Enter name of individu	5a 5b 5c 5d(1) 5d(2) 5e se is establition, including and to the board and signing as	3 3 3 shed. , if applicable, a Schedule est of my knowledge and
C Number of participants will complete this item)	participants at the beginning of the plan year participants at the beginning of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year. The participants at the beginning of the plan year terminated employment during the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the plan year t	the plan year (defined beneficial plan year with accrued beneficial plan year with accrued beneficial plan year will be assessed uniferent will be assessed	fits that were Inless reasonable cau examined this return/report ion of this return/report MARK KAUFMANN Enter name of individu	5a 5b 5c 5d(1) 5d(2) 5e se is established to the best and to the best and signing as Preparer's te	3 3 3 shed. , if applicable, a Schedule est of my knowledge and plan administrator employer or plan sponsor
C Number of participants will complete this item)	participants at the beginning of the plan year participants at the beginning of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year. The participants at the beginning of the plan year terminated employment during the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the plan year t	the plan year (defined beneficial plan year with accrued beneficial plan year with accrued beneficial plan year will be assessed uniferent will be assessed	fits that were Inless reasonable cau examined this return/report ion of this return/report MARK KAUFMANN Enter name of individu	5a 5b 5c 5d(1) 5d(2) 5e se is established to the best and to the best and signing as Preparer's te	3 3 3 3 shed. , if applicable, a Schedule est of my knowledge and plan administrator employer or plan sponsor elephone number (optional)

6a b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann	an indepen and condition	dent qualified public accounta	ant (IC	(PA)			Yes [No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in							determ	ined
	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	Т		(b) End of Ye	ar	
а	Total plan assets	7a		4063	39		(b) End of Te		32281
	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c		4063	39			3	32281
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from: (1) Employers	90(1)		4108	3.5				
	(2) Participants	8a(1)		1100	0				
	(3) Others (including rollovers)	8a(2) 8a(3)			0				
b	Other income (loss)	8b		55		2 - 11 <u>15 1</u>			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		5.	, ,		3 (6)2(6)	- 1	1640
	Benefits paid (including direct rollovers and insurance premiums							4	1642
	to provide benefits)	8d			0				
	Certain deemed and/or corrective distributions (see instructions)	8e			0				
	Administrative service providers (salaries, fees, commissions)	8f			0				
	Other expenses (add lines 0d 0a 0f and 0a)	8g			0		100000000000000000000000000000000000000		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
	Transfers to (from) the plan (see instructions)	8i 8j			0	2.97		4	1642
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plan Charac	cterist	ic Cod	es in t	he instructions:		
10	During the plan year:				Yes	No	Amo	unt	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within	the time period described in ection Program)	10a	,100	Х	Allio	unt	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	clude transactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	X			2	5000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth- insurance service, or other organization that provides some or all c instructions.)	er persons of the bene	by an insurance carrier, fits under the plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	d.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (92520.101-3.)	See instruc	tions and 29 CFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i					
Part	VI Pension Funding Compliance	W							
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Ye	es," see instructions and com	plete	Sched	lule SB	(Form	Yes	No
11a	Enter the unpaid minimum required contribution for current year from					11a			
12	Is this a defined contribution plan subject to the minimum funding					302 of I	ERISA?	Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
_ a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortized	d in this plan year, see instruc	tions, th	and e	nter th	e date of the lett Year	er rulinç	g

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If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	n 5500), and skip to line 13				
b	Enter the minimum required contribution for this plan year	,,		12b	I	
C	the amount contributed by the employer to the plan for this plan year			12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	enter a minus sign to the left	-1-	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding	deadline?		Т	Yes	No □ N/A
Part	VII Plan Terminations and Transfers of Assets				1.00	140
_13a	Has a resolution to terminate the plan been adopted in any plan year?				Yes X No	2
	If "Yes," enter the amount of any plan assets that reverted to the employer th	s vear		13a	1 100	
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?	d to another plan or brought	un al au tha a			Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), identify the	ne plan(s) t	0		Yes A No
1	3c(1) Name of plan(s):		12	3c(2) E	N/c)	42 - (2) DN(-)
			10)C(2) L	14(5)	13c(3) PN(s)
Part	VIII Trust Information (optional)					
	Name of trust		1	l/h T	ust's EIN	
				ון עודיו	ust's EIN	